249887

(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo (Please type or print) Submitted by: Treamald Makend DBA	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2014 - 39 - 19 - 19 - 19 - 19 - 19 - 19 - 19
Address: <u>Pure Elegance</u> 14 Phelps St. Sumter, S.C. 29150	Other:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service of the filled out completely. NATURE OF ACTION	Commission of South Carolina for the purpose of docketing and must
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	☐ Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit
Request for Extension to Comply with Order	☐ Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension Request for Reinstatement	Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: April
	CLASS C - CHARTER
	Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1	. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
	- Treginald MELEON DBA Pure Elegance Limousing Course
	14 Phelps St., Sumter S.C. 29150 Street Address of Applicant
	Mailing Address of Applicant (if different from street address) (803)651-4301
	Phone
	Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)
	Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
	1 of 9

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

		ime Application is Filed:
	Month	Year
Assets:		
Cash		
Receivables		
Real Estate		
Buildings and Equipment (Net)		
Motor Vehicles (Net)	\$ 14,000	
Garage Equipment (Net)		
Machinery and Tools (Net)		
Supplies on Hand		
Prepaids and Other Assets		
Total Assets*		
Liabilities and Equity:		
Accounts Payable		
Notes Payable		
Mortgages Payable		
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities		
Total Liabilities		
Capital Stock		
Retained Earnings		
Total Equity		
Total Liabilities and Equity*		

2 of 9

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$100 hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	□ Нопу	Newberry	York
Beaufort	Dillon	Јаѕрет	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	_
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)
1-7 Passengers, including driver
8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Lincoln	Towncar 2001	-ILIFM81WG1YG25311	- 38000

04/02/2014 15:09

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BYNUM INSURANCE LAH

PAGE 03/03

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:		
Treginald McLend DBA Pur	re Elegance Limousine S	errice
Nam	e of Applicant	
14 Phelps St. Sumter S	SC 29150	
Addre	ss of Applicant	RECEIVE
Amount of Premium:	Limits Quoted: (See Below)	RECEIVE APR - 2 2014
Liability Insurance \$ 1908.00	Limits 500,000	
The above quoted premium is for a term of	months.	TRANS DEPT
Minimum Limits - Intrastate Only:	,	
1-7 Passengers* \$ 25,000/50,000/25 8-15 Passengers* \$ 25,000/100,000/25	in-leading.	f sembolts in the vehicle, the driver's scatbelt
Stratford Insurance Name of In	nsurance Company	
c/s Southern Cross, POBOX 2576. Home Office,		
I am familiar with the Commission's Rules and Regula meets the minimum insurance limits prescribed. The i South Carolina Department of Insurance to do business	MSUFABLE COMPANY making this guote	nts and the above quote is authorized by the
4/2/2014 Keller & Parts Authorize	leck ed Insurance Company Representative	's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wco.state.sc.us/self-insurance.

· ...

10025304

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Excepted in Triplicate)

	Filed with	South Caroli	na Dept of Motor Vehicle		Audigments no	
		en en en	•	of Commission)		RECEIVED
	SUMBRANCO C	жептиу, тизат и	re STRATFORD INSUR	ANGE COMPANY	(Name of Company)	
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		,,,,		(Name O	r Motor Carrier)	TRANS DEPT
of <u>14</u>	PHELPS ST	REET, SUMTI	ER, SC 29150	A Company of Chief		
				(Address Of Mot	or Cermin)	
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COM	stauerdhaets ea	(400 FANSO	(Street Address)	(City)	(State)	(Zip Code)
hle	28TH	day of	MARCH	2014		
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CHANT	ance Compa	eny File No.	BAP8004029			as Pent
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Exhibit Fit, Willing, and Able (FWA)

	Name of Applicant
1	 Are there currently any outstanding judgments against the Applicant? Yes No
	If Yes, indicate nature of judgement(s) against applicant.
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
	● Yes ○ No
3.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
	Yes O No

Exhibit on Driver Qualifications

	1. Applicant understa	ands that all drivers must be	a minimum of 18 years of age.
	• Yes	O No	
2	and spent tecold Ho	nds that a certified copy of toom the DMV of the state in the Applicant's business official	the driver's three (3) year driving record issued by the SC DM' which the driver is or has been domiciled for such period must e.
	Yes	O No	
3	. Applicant understar must be maintained	nds that a criminal history ba in the Applicant's business	ackground check from the state where the driver currently liver office.
	Yes	O No	
4.	Applicant understantheir possession who state of residence of	on operating a charter vehicle	a vehicle under a Class C Certificate must have in e, a valid driver's license issued by the SC DMV or the current
	• Yes	O No	
5.	ATTICION OF MILLOTS M	ds that all Class C Certificat ho are registered, or require ent Division or any national	e holders are prohibited from employing or leasing d to be registered, as sex offenders with the South Carolina registry of sex offenders.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Summer

WORN TO BEFORE ME

________ day of __

....., 20[4

emmission-Expires My

衡y Commission Expires February 2, 2022